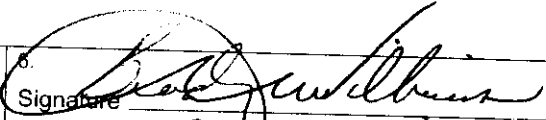


No. W 11646 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Apr 30, 2003 Annual Report Form 1. Mailing Address - Correct in this box, if applicable TWIN FALLS PHYSICAL THERAPY AND WEL 812 SHOSHONE AVE E TWIN FALLS, ID 83301	2. Registered Agent and Office NO PO BOX BRADLEY C WILLIAMS 812 SHOSHONE AVE E TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
partner	Bradley C Williams	790 Hollyann Ct	Twin Falls	ID	83301

5. Organized Under the Laws of: IDAHO W 11646	6.  Signature _____ Date <u>02/17/03</u> Name (Typed or Printed) <u>Bradley C. Williams</u> Title <u>M.P.T.</u>
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Issued 02/03/2003

Do Not Tape or Staple